

REQUEST FOR COMPLAINT INVESTIGATION

PLEASE NOTE: A complaint may be filed through the use of this form or by a written letter sent by fax or postal mail. Emails will not be accepted as formal complaints. If upon analysis of a request, a complaint is opened, a complaint investigation will be completed within 60 days of receipt, in the Procedural Safeguards Referral Service office, of all required information.

The written complaint must specify at least one alleged violation of state or federal special education laws that occurred not more than one year prior to the date the complaint is received by the Procedural Safeguards Referral Services, unless a longer period is reasonable because the violation is continuing or the complainant is requesting compensatory services for a violation that occurred not more than three years prior to the date the complaint is received. (34 C.F.R. 300.662)

Return completed form to: California Department of Education
Special Education Division, Procedural Safeguards Referral Services
1430 N Street, Suite 2401, Sacramento, CA 95814
Phone: (800) 926-0648 FAX: (916) 327-3704

Parent/Guardian Information:

Parent/Guardian Name(s) _____

Address _____

City _____, CA Zip Code _____

Parent/Guardian Phone Numbers (If phone contact permitted, please indicate the best time to call.):

(day) _____ (evening) _____

(work) _____ ext. _____ (fax) _____

Complainant Contact Information (if different from above):

Name _____

Address _____

City _____, CA Zip Code _____

Phone Numbers (If phone contact permitted, please indicate the best time to call.):

(day) _____ (evening) _____

(work) _____ ext. _____ (fax) _____

Student's
Name _____

Date of Birth _____ Current Grade Level _____

School District (required) _____

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Signature _____ Date _____